

North Carolina

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State CARE Act Program Profile

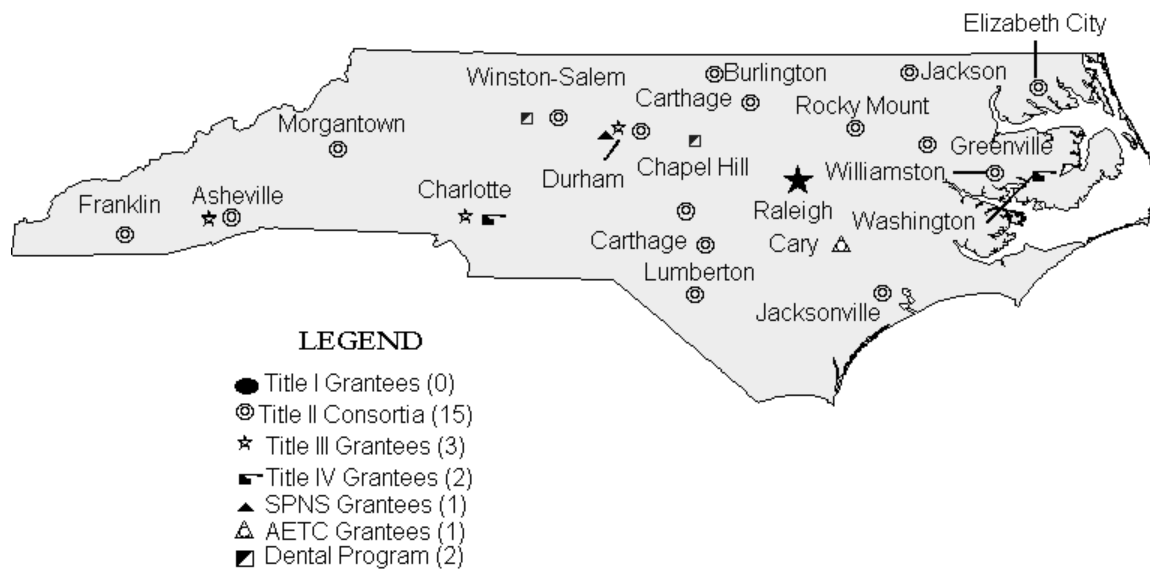
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$4,810,589	\$7,053,271	\$8,657,402	\$20,521,262
ADAP	(\$701,449)	(\$2,250,201)	(\$3,838,516)	(\$6,790,166)
Title III	\$650,586	\$695,692	\$790,142	\$2,136,420
Title IV	\$300,000	\$446,850	\$885,679	\$1,632,529
SPNS	\$400,000	\$721,272	\$521,673	\$1,642,945
AETC	\$41,800	\$80,000	\$70,000	\$191,800
Dental	\$38,107	\$31,637	\$45,949	\$115,693
Total	\$6,241,082	\$9,028,722	\$10,970,845	\$26,240,649

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

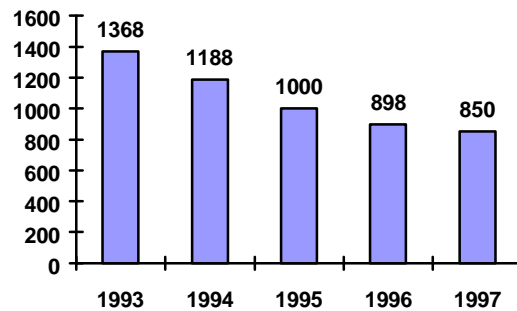
	1996	1997	1998
Title I	0	0	0
Title III	4	2	3
Title IV	1	1	2
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	2	2	2

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: North Carolina (Pop. 7,425,183)

- ▶ Persons reported to be living with AIDS through 1997: 3,148
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 7,265
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated February 1990)
- ▶ State AIDS Cases (cumulative) since 1993: 5,304 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	74%	78%
Women (13 years and up):	26%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	24%	33%
African American:	72%	45%
Hispanic:	3%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	25%	35%
Injecting drug user (IDU):	24%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	4%
Heterosexual contact:	17%	13%
Other, unknown or not reported:	30%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	209.6	194.5
Gonorrhea (1996)	253.4	124.0
Syphilis (1996)	14.6	4.3
TB (1997)	6.2	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** primary care; medications; substance abuse treatment, dental, nutrition, and mental health services; spiritual support programs; case management; housing; transportation; and emergency financial assistance
- ▶ **Emerging Needs:** employment services; financial counseling and planning; access to care and medications for PLWH returning to work; adherence support; emotional and spiritual support as PLWH live longer

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	41% FPL
Pregnant Women	185% FPL
Medically Needy	34% FPL

*Income eligibility for State's ADAP program is 125% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	Yes
Refill limit:	No
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: North Carolina

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$4,810,589	\$7,053,271	\$8,657,402	\$20,521,262
ADAP (included in Title II grant)	(\$701,449)	(\$2,250,201)	(\$3,838,516)	(\$6,790,166)
Minimum Required State Match	\$2,405,295	\$3,526,636	\$4,328,701	\$10,260,632

Allocation of Funds

	1998
Health Care (State Administered)	\$5,573,052/64%
Home and Community Care	(\$190,650)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$4,498,516)
Direct Services	(\$883,886)
Case Management (State Administered)	\$0/0%
Consortia	\$1,804,235/21%
Health Care*	(\$210,720)
ADAP/Treatment	(\$51,900)
Case Management	(\$803,950)
Support Services**	(\$737,665)
Administration, Planning and Evaluation (Total State/Consortia)	\$1,280,115/15%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 15

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Coastal Carolina HIV Care Consortium	Jacksonville	Brunswick, Carteret, Jones, New Hanover, Onslow, and Pender Counties	\$133,210
Dogwood Consortium	Lumberton	Bladen, Columbus, Cumberland, Duplin, Harnett, Robeson, Sampson, and Scotland Counties	\$233,427
Down East HIV Care Consortium	Williamston	Hyde, Martin, Tyrrell, and Washington Counties	\$52,645
Eastern NC HIV Care Consortium	Greenville	Beaufort, Craven, Greene, Johnston, Lenoir, Pamlico, Pitt, Wake, and Wayne Counties	\$323,600
Eastern Triad HIV Consortium	Burlington	Alamance, Caswell, Guilford, Randolph, and Rockingham Counties	\$222,740
Five Area Consortium Team	Jackson	Bertie, Gates, Halifax, Hertford, and Northampton Counties	\$62,334
Jeff Jones HIV Care Consortium	Elizabeth City	Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, and Perquimans Counties	\$95,043
Nantahala AIDS Consortium	Franklin	Cherokee, Clay, Graham, Jackson, Macon, and Swain Counties	\$78,227
Nash, Edgecombe, Wilson Counties	Rocky Mount	Edgecombe, Nash, and Wilson Counties	\$158,226
North West HIV Care Consortium	Winston-Salem	Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, Wilkes, and Yadkin Counties	\$220,838
Piedmont HIV Health Care Consortium	Durham	Chatham, Durham, Franklin, Granville, Lee, Orange, Person, Vance, and Warren Counties	\$262,753
Regional HIV AIDS Consortium	Charlotte	Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union Counties	\$416,329
Ryan White Foothills Consortium	Morgantown	Alexander, Burke, Caldwell, and Catawba Counties	\$103,342

Consortium Name	Location	Service Area	Title II Funding, FY 1997
South Central HIV Care Consortium	Carthage	Hoke, Montgomery, Moore, and Richmond Counties	\$89,525
Western NC HIV/AIDS Consortium	Asheville	Avery, Buncombe, Haywood, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania, and Yancey Counties	\$176,477

Accomplishments

► Improved Patient Access

- The number of clients enrolled in the state ADAP increased approximately 280% between 1996 (450) and June 1998 (1,743 enrolled clients). Monthly utilization increased 23% between 1997 and March 1998, from 440 to 540 clients per month, with monthly expenditures averaging \$475,000.
- In 1997, the Title II program funded four HIV primary medical and dental care projects to expand access in underserved regions. An estimated 200 clients had been served by the third quarter.
- In 1997, the State expanded full coverage of consortia services from uninsured clients at 100% FPL to persons with incomes at 125% FPL. By the end of the third quarter, approximately 2,800 persons had received consortia services, a 47% increase over the 1,900 clients in 1994.
- ADAP income eligibility criteria were revised in 1997, from 110% FPL to 125% FPL. In the first nine months, medications were provided to 1,200 clients, almost 100% more than were planned to be served during the entire year.

► Cost Savings

- ADAP began negotiating voluntary manufacturer's rebates in 1996 and, in 1997, averaged rebate amounts of between 10 and 12% of billings. For FY 1998, the total estimated savings projected are \$600,000 in funds returned to the ADAP.
- The ADAP checks all pharmacy claims against the Medicaid database before authorizing and paying claims, to identify any clients who may have become eligible for Medicaid coverage.

► Other Accomplishments

- Close coordination between all CARE-funded programs, HOPWA, CDC-funded prevention programs, and Medicaid continued in 1997, with a joint technical assistance three-day retreat focusing on HIV care and treatment, strategic planning, and consortia development and administration.

- An HIV Medications Advisory Group was established in 1997 to provide input to the AIDS Care Branch on HIV medications issues. The advisory group comprises physicians experienced in HIV care (several of whom participate directly in clinical trials), HIV case managers, PLWH, interested citizens, and governmental officials.

AIDS Drug Assistance Program (ADAP): North Carolina

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,361,449	\$2,910,201	\$4,498,516	\$8,770,166
State Funds	\$350,000	\$750,000	\$8,000,000	\$9,100,000
Total	\$1,711,449	\$3,660,201	\$12,498,516	\$17,870,166

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 31 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The HIV Medications Advisory Group provides input on HIV medications issues. The advisory group includes PLWH.
- ▶ Enrollment cap: 1,743
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	1,743
Number using ADAP each month:	540
Percent of clients on protease inhibitors:	50%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	79%
Women:	21%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	40%
African American:	55%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	2%

Title III: North Carolina

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	4	2	3	
Total Title III funding in State	\$650,586	\$695,692	\$790,142	\$2,136,420

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 2 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 5,013
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 374
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 154
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 22%
 - ▶ from 200 to 499: 32%
 - ▶ above 500: 44%
 - ▶ unknown: 2%

Accomplishments

Clients served (primary care only), 1996:	374
Men:	76%
Women:	24%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	36%
African American:	62%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	41%
Injecting drug user (IDU):	28%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	26%
Receipt of blood transfusion, blood components, or tissue:	2%
Other, unknown or not reported:	1%

► **Improved Patient Access**

- In 1991, before CARE Act funding, 40 clients were being seen at the Early Intervention Clinic in Durham. By August 1998, more than 240 HIV-infected clients were enrolled in the program. In 1997, 75 new clients enrolled in Durham Early Intervention Clinic, of which 95% had no insurance other than Medicaid or Medicare. Of the total clinic population, 82% are minorities and 25% are women.
- The Western North Carolina Community Health Services is based in the urban hub of the largely rural Appalachian Mountain region of the western part of the state. As of July 1998, primary medical care is provided to 237 PLWH. Of those, 71% live at or below the Federal poverty level and 45% have no third party payment source.
- As a direct result of Title III funding, Western North Carolina Community Health Services was able to add the following services: HIV counseling and testing, on-site pharmacy, outpatient substance abuse and mental health care, nutritional counseling, and transportation. The agency also expanded the service area to include 11 rural counties.

► **Improved Patient Outcomes**

- Despite serving a population where 33% have severe psychiatric illness and 65% have active substance abuse problems, the Durham Early Intervention Clinic has documented a significant decrease in client deaths. In 1995, 41 clients died of AIDS-related complications. In 1996, the number decreased to 18 deaths. As of August 1998 only three clients had died due to AIDS-related complications.

- Of clients served at the Durham Early Intervention Clinic, 70% are on antiretroviral therapy. The medical status of the remaining clients does not warrant antiretroviral therapy. Many clients who previously refused antiretroviral therapy or left the clinic are now returning requesting the “new treatment.” A number of clients who have had CD4 counts below 50 now have CD4 counts in the 200-300 range and have been able to stay out of the hospital and continue to work. In some cases, clients have been able to return to work.

► **Cost Savings**

- Through participating in the Federal Drug Pricing Program, the Western North Carolina Community Health Services is able to provide antiretroviral therapy to all HIV-infected clients, regardless of the client’s ability to pay.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Lincoln Community Health Center	Durham	Durham, Wake, Orange, Granville, and Vance Counties	Community and Migrant (329/330) Health Center
Western NC Community Health Services	Asheville	11 Counties	Non-329/330/340 Health Center

Planning Grants

1998 - Metrolina AIDS Project - Charlotte
 1996 - Tri-County Community Health Center - Newton Grove
 1996 - Wake County Health Dept - Raleigh

Title IV: North Carolina

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	2	
Total Title IV Funding	\$300,000	\$446,850	\$885,679	\$1,632,529

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	0%
Women with children:	43%
Adolescents/young adults:	0%
Children:	28%
Infants:	16%
Clients with AIDS/HIV Infection:	82%

Accomplishments

All clients served, 1996:	74
Men:	2%
Women:	98%
(Adolescents and adults only)	
<13 years old:	45%
13-19 years old:	0%
20+ years old:	55%

White:	14%
African American:	82%
Hispanic:	4%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	1%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	54%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	45%

► **Improved Patient Access**

- Metrolina AIDS Project staff worked to create new partnerships and strengthen the network of providers. In 1997, the staff interacted with 62 new service providers.
- In 1998, the program expanded to include Duke University's HIV pediatric clinics throughout the state. New sites include Duke University Medical Center, UNC Chapel Hill Memorial Hospital, Bowman-Gray Hospital, and Carolinas Medical Center.
- The grantee added a service coordinator position to establish close bonds with clients and assist families who previously were not served.
- In 1996, The grantee documented 15 clients participating in research. In 1997, 80 clients were screened for eligibility and 67 were enrolled in clinical research.

► **Improved Patient Outcomes**

- The current perinatal HIV transmission is less than 5% in the region served. Duke Medical Center documents a perinatal HIV transmission of less than 4%.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Metrolina AIDS Project	Charlotte	Statesville (City), Anso, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Meckle, Tredell, Rowan Cos.	HIV/AIDS Social Service Agency
Metropolitan Low Income Housing	Washington	14 counties	Community-based Organization

Special Programs of National Significance (SPNS): North Carolina

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$400,000	\$721,272	\$521,673	\$1,642,945

Project Descriptions

► Duke University

Location: Durham

Project period: 10/96 - 9/01

Population Served: HIV-infected adults eligible for Medicaid

Description of Services: The Integrated Delivery System project is developing a model of care for poor individuals with HIV/AIDS who live in rural areas. Goals are to improve access to health and social services; create a modifiable standard of care that can be evaluated; improve quality of life; raise patient satisfaction with services; and reduce or maintain costs by reducing the use of inpatient, emergency room, and institutional care in favor of appropriate ambulatory care. The project's main features are a comprehensive range of services and an innovative payment system. Case coordinators track the coordination of health and social services through a computer network and also maps clinical and ambulatory care. Capitated payments from North Carolina Medicaid finance the model. The rate includes all Medicaid services in the service delivery system.

Project Highlights

- Computer networks have been implemented at 37 rural sites with 62 users. Eighty-one participants from 41 service agencies were trained in the operations of the computer network and care maps.
- The lead physician at Duke University Medical Center is working with Groupware Technologies, Inc. to create a medical HIV database so that case managers and clinicians have access to critical information to improve services and care for clients.
- A survey of 120 organizations that provide HIV-related services was carried out to determine a baseline level of provider interaction. A needs assessment study of case managers was completed to elicit training needs.
- A program was initiated to cross-train substance abuse counselors, mental health providers, HIV case managers, and infectious disease clinicians to help them work with triply diagnosed clients. Three training sessions were conducted with the participation of 60 professionals.
- The project is developing capitated rates for HIV care based on North Carolina Medicaid data.
- The project attended two Hospice Association meetings and helped in developing HIV care maps.

AIDS Education and Training Centers: North Carolina

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Southeast AETC
- ▶ States Served: Alabama, Georgia, North Carolina, South Carolina
- ▶ Primary Grantee: Emory University, School of Medicine, Atlanta, GA
- ▶ Subcontractors in State: North Carolina Primary Care Association - Cary

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$41,800	\$80,000	\$70,000	\$191,800

Training Highlights from FY 1997

- From July 1997 to June 1998, the AETC offered 84 events to the staff at CARE Act-funded agencies. For example, the AETC developed and managed the first residency experience for Emory University's Family and Preventive Medicine Department on ambulatory management of adult HIV patients. Ten residents received an average of 24 hours of instruction including four hours on patient education and four hours on dental care. The North Carolina performance site collaborated with a SPNS program in the State to provide four hours of training to 23 physicians, midlevel clinicians, mental health providers, hospital workers, and health department workers on the medical management of HIV, with an emphasis on the use of consulting physicians. The performance site at Clark University in Atlanta conducted a semester-long course (42 hours) for graduate students in the University's School of Social Work. The South Carolina performance site and the University of South Carolina School of Medicine collaborated to train nurse practitioners and physicians on the medical management of HIV-infected children. The Alabama performance site provided a course titled "STD/HIV Prevention Through Behavior Modification" two times. The 9.5-hour course was attended by 44 care providers.
- The AETC developed and mailed a resource kit on prenatal HIV testing to 7,789 OB/GYN and family practice physicians and 471 certified nurse-midwives in the region. The kit contained a waiting room poster to encourage prenatal HIV testing and a booklet with consent forms, counseling checklists, and other material to enhance HIV counseling of prenatal patients.

- The South Carolina performance site offered a six-hour training for 22 care providers from health care clinics, drug treatment programs, AIDS service organizations, and minority outreach programs. The goal of the training was to educate participants about appropriate evaluation methodologies for assessing HIV prevention programs.
- The North Carolina performance site offered a seven-hour training to 67 clinical care providers, counselors, case managers, and social workers designed to help participants identify elements of cross-cultural healing, beliefs about illness and disease, cultural world views, and their implications for delivering effective and compassionate care to persons with HIV.

HIV/AIDS Dental Reimbursement Program: North Carolina

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$38,107	\$31,637	\$45,949	\$115,693

Accomplishments

Est. clients served, 1996:	245
Men:	74%
Women:	26%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Bowman-Gray School of Medicine	Winston-Salem
University of North Carolina	Chapel Hill